



Absorb It Limited
 452B Tauwhare Road
 Matangi
 Hamilton 3260
 Email: accounts@absorb.nz
 Web: www.absorb.nz

CUSTOMER ACCOUNT / CREDIT INFORMATION FORM

Please complete all sections.

CUSTOMER DETAILS			
Full or Legal Name			
Physical Address		Postcode	
Billing Address		Postcode	
Email			
Phone		Mobile	
PERSONAL DETAILS <i>complete if you are an individual</i>			
Full Name		DOB	
Driver Licence Num		Mobile	
BUSINESS DETAILS <i>complete if you are a Sole Trader, Trust, Partnership, Company or other</i>			
Trading Name		GST Num	
NZBN Num		Date Incorp	
Contact Person		Phone	
Nature of Business			
Directors / Owners / Trustee <i>if more than two, please attach separate sheet</i>			
(1) Full Name		DOB	
Residential Address		Postcode	
Driver Licence Num	Phone	Mobile	
(2) Full Name		DOB	
Residential Address		Postcode	
Driver Licence Num	Phone	Mobile	
ACCOUNTS PAYABLE			
Full Name		Phone	
Email		Mobile	
Do you require a Purchase Order on invoices?		<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>all purchase orders must be received by Absorb It Ltd prior to works commencing</i>	
PRIVACY OFFICER			
Full Name		Phone	
Email		Mobile	
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Google <input type="checkbox"/> Social Media <input type="checkbox"/> Referral <input type="checkbox"/> Vehicle Signage <input type="checkbox"/> Other			
<input type="checkbox"/> I certify that the above information is true and correct and that I accept the supply of credit by Absorb It Ltd. <input type="checkbox"/> I CONFIRM I have read and understand the TERMS OF TRADE and the PRIVACY POLICY (www.absorb.nz/administration) of Absorb It Ltd which form part of and are intended to be read in conjunction with this Customer Account / Credit Information Form and agree to be bound by those conditions. I authorise the use of my personal information as detailed in the Privacy Act (www.absorb.nz/administration).			
SIGNED (CUSTOMER)		SIGNED (ABSORB)	
Name		Name	
Position		Position	
Date		Date	